



Denise Juneau, Superintendent
Montana Office of Public Instruction
www.opi.mt.gov

Summer Food Service Program Site Review Form

To be completed during the first and fourth weeks of operation.

Sponsor _____ Site _____					
Site Contact Name/Title _____					
Site Address _____					
Telephone _____			Date of Review _____		
Monitor's Arrival Time _____			Departure Time _____		
Site Supervisor Name/Title _____					
Regular Site _____ Camp Site _____ Average Daily Participation (if applicable) _____					
Today's Attendance _____			Time Meals Delivered _____		
Approved Meal Service Time _____			Actual Meal Service Time _____		
Approved Level of Meal Service	Breakfast	Snack	Lunch	Snack	Supper

Number of Meals on Day of Review	Breakfast	Snack	Lunch	Snack	Supper
Number Prepared or Delivered					
Number of Meals or Milk Leftover from Previous Day					
Number of First Meals Served to Children					
Number of Second Meals Served to Children					
Number Served to Program Adults					
Number Served to Non-Program Adults					
Number of Meals or Milk Leftover					

Explain "No" Answers Below	Yes	No
Does the staffing pattern correspond to that listed on the approved site sheet?		
Has the site supervisor attended training session?		
Does the site have sufficient food service supervision?		
Are meals counted/checked before signing delivery receipt?		
Are accurate meal counts taken of meals served?		
Are meals served as second meals excessive?		
Are records of adult meals being kept?		
Do meals meet approved menu?		
Do meals meet meal pattern requirements?		
Are meals checked for quality?		
Is there proper sanitation/storage?		
Is the site supervisor following procedures established to make meal order adjustments?		
Are meals served within appropriate time frames?		
Are all meals served and consumed onsite? (note if State Agency and sponsor allow fruits/vegetables to be taken off-site)		
Does site have a place to serve children meals in case of inclement weather?		
Is each meal served as a unit?		
Is the meal delivery schedule followed?		
Are there provisions for storing or returning excess meals?		
Is there documentation of children's income eligibility, if applicable?		
Is there a nondiscrimination poster, provided by the sponsor, on display in a prominent place?		
Are meals served to all attending children regardless of the child's race, color, national origin, sex, age, or disability?		
Do all children have equal access to services and facilities at the site regardless of the child's race, color, national origin, sex, age, or disability?		
Is informational material concerning the availability and nutritional benefits of the Program available in appropriate translations?		
Explanations: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		

Major Violations	Actual Meal Count	Type of Meal
Adult meals included in count of meals served to children.		
Off-site consumption by children. (do not include fruits/vegetables taken off-site if allowed by the State Agency and sponsor)		
More than one meal served at one time to children.		
Meal pattern not met. (specify)		
Meals not served as a unit. (do not include if offer vs. serve is allowed at the site)		
Meal serving times not met.		

Check if the Following Apply	Explanation for Checked Items
<input type="checkbox"/> No Records/Incomplete Records	
<input type="checkbox"/> Poor Sanitation	
<input type="checkbox"/> Other	

Corrective action discussed with (name and title)_____

Corrective action taken _____

Site supervisor's comments_____

Further action needed by (date)_____

I certify that the above information is correct.

Monitor Signature

Date

Site Supervisor Signature

Date

Sponsor Authorized Representative Signature

Date